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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/574,283	03/31/2006	Keisuke Furuichi	288931US0PCT	7158
22850 7590 10/06/2008 OBLON, SPIVAK, MCCLELLAND MAIER & NEUSTADT, P.C.		EXAMINER		
1940 DUKE STREET ALEXANDRIA, VA 22314			LILLING, HERBERT J	
ALEAANDRIA, VA 22514		ART UNIT	PAPER NUMBER	
			1657	
			NOTIFICATION DATE	DELIVERY MODE
			10/06/2008	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

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Interview Summary	10/574,283	FURUICHI ET AL.	
interview Summary	Examiner	Art Unit	
	HERBERT J. LILLING	1657	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>HERBERT J. LILLING</u> .	(3)		
(2) <u>ATTORNEY JUSTINE WILBUR</u> .	(4)		
Date of Interview: 29 September 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)∐ No.		
Claim(s) discussed: <u>1-3 and 7-11</u> .			
Identification of prior art discussed:			
Agreement with respect to the claims f)⊠ was reached. g	ı)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>SEE ATTACHMENT</u> .	nature of what was agreed to	if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTFILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS HIS
/HERBERT J LILLING/ Primary Examiner, Art Unit 1657			

Application No.

Applicant(s)